

Objective and Strategies

The **objectives** of the Company, as outlined in the Constitution involve the provision of support and access to services for medical practitioners and students who may be unwell, including those who may be impaired or at risk of becoming impaired in relation to mental illness and drug and alcohol misuse. These objectives include:

- Encouragement and support for education, prevention and health maintenance training programs
- Facilitation of early identification and intervention for those who are ill or at risk of becoming impaired
- Acting as a referral and co-ordination service to enable access to appropriate support (Clinical and other) for those who are ill and their families
- Ensuring access to high quality rehabilitation and encouragement of retraining and re-entry into the workforce
- Encouragement and support for research into the prevention and management of illness in medical practitioners and students

To support these objectives VDHP has an independent honorary board of Directors and a team of salaried staff including expert medical practitioners and a psychologist. **The strategies** adopted by VDHP relate to:

- Establishment of a highly competent professional team of service providers - well qualified and experienced staff and external network of treatment/support providers
- Stakeholder Engagement – establishment of effective communication and supportive relationship with AMA Victoria and AHPRA (formerly MPBV), medical colleges, medical schools, medical indemnity organisations, medical student societies, public and private hospitals and other agencies that support doctors and students with health problems
- Health promotion – delivery of health promotion messages and VDHP service information through presentations, journal articles and the VDHP website
- Responsible business, including financial management – maximising the provision of efficient and effective services within the available resources

Principal Activities and Achievement of Objectives

The **principal activities** of the VDHP team include the provision of:

- 24 access to telephone advice to concerned medical practitioners or students, their colleagues, employers and/or their families
- Face-to-face assessment and triage appointments
- Referral to appropriate specialists
- Establishment of and monitoring of compliance with case management agreements
- Support for rehabilitation and re-entry into workforce
- Presentations in various medical practitioner and medical student forums with the aim of encouraging awareness and early intervention in relation to health issues

VDHP clinical staff do not provide direct treatment of participants but instead provide triage to the best available appropriate external resources. Participants who do not have their own general practitioner are expected and assisted to find one. Over time VDHP has built up a referral network of general practitioners and relevant medical specialists and clinical psychologists. In addition there is an agreement with a large private psychiatric hospital to facilitate referral and necessary admission of participants whose needs are urgent.

The demand for these services has increased steadily since VDHP was established in 2001. Particularly striking has been the increase in the number of medical students and doctors in training seeking help from VDHP and the increasing proportion of participants seeking help with stress related problems. It is possible that these changes represent earlier identification of potentially

more serious health issues and reflect the impact of VDHP education programs on the attitude of medical students and younger doctors to managing their well being. It is also possible that these changes reflect increasing stressors in the health care system for young doctors. Whatever the cause, the importance of the work of VDHP towards the welfare and protection of the community, by preventing ill health and impairment in doctors should not be underestimated.

A proportion of participants (those with substance dependency issues or serious mental ill-health) are asked to sign comprehensive care and monitoring agreements (including breath, urine and hair testing as appropriate), and are then followed closely by VDHP staff in collaboration with treating doctors and other nominated monitors such as workplace supervisors. The success of this aspect of the program in keeping doctors well and in the work force is reflected in the fact that in mid 2009, of the participants who had been followed up for five years or more by VDHP, 86% (32 out of 37) remained well and in the workforce. For the remaining five, two were on sick leave, one's registration was suspended by MPBV and one had retired.

Education of the medical profession about health issues and about VDHP has been tackled on several fronts. A regular newsletter is sent to all registered doctors and medical students and a comprehensive website has been established. Clinical staff have regularly given presentations on doctors' health matters and on the services of VDHP to medical students, doctors in training, divisions of general practice, medical colleges and public and private hospital grand rounds.

Rehabilitation programs are delivered via other agencies as identified by VDHP. Re-entry to the workplace is facilitated by VDHP negotiating with workplaces on behalf of participants to ensure graduated re-entry and adequate support and oversight. Research to date has focused on analysis of the VDHP client data base and has led to presentations of this data to a number of national conferences.

With the cessation of existence of the Medical Practitioners Board of Victoria (MPBV) (funder and 50% owner of VDHP) as at 30 June 2010, the VDHP Board determined that transfer of MPBV's role and responsibilities to the Australian Health Practitioners Regulation Agency (AHPRA) was in the best interest of the future of the service and is pleased that this transfer is now in place (effective 1 July 2010). In accord with an undertaking given by the Victorian Minister for Health AHPRA will continue to fund VDHP at least until June 2013 during which time AHPRA and VDHP will work together to develop arrangements for the longer term provision of services.

Table 1: Achievement of Objectives - Performance Measures (1 July 2009 – 30 June 2010)

New enquiries	193
New face-to-face assessments	105
Follow up appointments	341
Participants currently on a case management agreement (as at 30 June)	52
Educational presentations/workshops (see table below)	30
Publications	5

Table 2: Listing of educational presentations/workshops

Date	Details of Presentation	Staff member/s
03.07.2009	Monash University Clayton 'Life in the Real World' MUMUS Seminar	Prof Whelan
04.07.2009	Colac Hospital	Dr Frei
06.07.2009	4 th year Monash Medical Students at the Alfred Hospital	Dr Jenkins
24.08.2009	'Inspiring Women in Medicine' Event at AMAV	Dr Jenkins

28.08.2009	MIIAA conference	Prof Whelan
03-05.09.2009	Doctors Health Conference	Drs Breen, Jenkins, & Frei; Prof Whelan
09.09.2009	Frankston Hospital Grand Round	Dr Jenkins
17.09.2009	Monash University Clayton MUMUS Wellness Forum	Dr Frei
18.09.2009	Newly registered IMGs at the Medical Board	Dr Jenkins
06.10.2009	GP Mental Health Week Presentation	Prof Whelan & Dr Jenkins
14.10.2009	Newly registered IMGs at the Medical Board	Dr Jenkins
23.10.2009	RACS Annual general, scientific & fellowship meeting in Lorne	Dr Jenkins & Dr Frei
30.10.2009	ACRRM Conference	Dr Frei
11.11.2009	2 nd year Post Graduate Medical Students at Deakin University	Dr Jenkins
13.11.2009	Newly registered IMGs at the Medical Board	Dr Jenkins
08.12.2009	Interns at Eastern Health	Dr Jenkins
09.12.2009	Newly registered IMGs at the Medical Board	Dr Jenkins
13.01.2010	Sunshine Hospital Event for 2010 Interns	Dr Jenkins
01.02.2010	3 rd year Undergraduate Medical Students at Monash University Clayton	Dr Jenkins
19.02.2010	Graduate students at Monash University, Churchill	Dr Jenkins
26.02.2010	Graduate students at Monash University, Churchill	Dr Jenkins
05.03.2010	2010 Interns at St Vincent's Hospital	Dr Jenkins
13.04.2010	Melbourne University 4 th year Medical Students	Dr Jenkins
22.04.2010	Rural Health Conference in Ballarat	Dr Jenkins
01.06.2010	Cabrini Hospital Grand Round	Dr Jenkins
05.06.2010	Medical Careers Expo	Ms Wile